

TB Treatment Agreement

Patient Name: _____ Date: _____

Patient Address _____

Provider Name: _____

I, _____, understand that I have been diagnosed with infectious pulmonary tuberculosis and have been prescribed medication by a physician to treat his disease. If my disease goes untreated, there may be serious consequences:

- # My illness may be longer or more severe
- # I may spread TB to others
- # I may develop and spread drug-resistant TB
- # I can die from TB

The _____ Health Department has the responsibility of seeing that I complete adequate treatment for my tuberculosis and that I do not expose others to danger. To ensure that this happens, the Health Department will:

1. Supply all medication, x-rays, and laboratory testing required to monitor my disease.
2. Provide medical consultation relating to tuberculosis
3. Make visits _____ to give me medication under supervision and to evaluate for any adverse reactions to the medications.

To complete my treatment and protect my family and friends, I will:

1. Come to the health department clinic to give sputum specimens when requested.
2. Keep all appointments for medical evaluation and x-rays.
3. Be at the agreed-upon location when the health care worker comes to give my medications.

Visit Day(s): _____ Time: _____ Location: _____

If a scheduled visit or appointment falls on a holiday, the health care worker will work with me to make an adjustment in my schedule.

I have read this agreement and understand the following (initial each box):

- ☐ That my adherence to this treatment regiment is very important
- ☐ That I am responsible for the three tasks mentioned above
- ☐ That if I fail to complete these tasks, legal action may be taken to make sure I complete treatment

Signed: _____ Date: _____

Health Department Representative

Signed: _____ Date: _____

Figure 9.7 Sample adherence agreement.